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Approved for use through 09/30/2000 OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Alloniey D	ocket No	15-7	
First Inven	tor or Applic	ation Identifier	KUNDA
Title	SEMICO! METHOD	OF MANUFAC	NAMIC SENSOR AND CTURING THE SAME

(Only for new nonprovisional applications under 37 C.F.R § 1.53(b)) Exp	ress Mail Label No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231					
* Fee Transmittal Form (e.g., PTO/SB/17)     (Submit an original and a duplicate for fee processing)      * Specification [Total Pages 19]  -Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention.	Microfiche Computer Program (Appendix)  Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  Computer Readable Copy  Description:  Statement verifying identity of above copies					
	ACCOMPANYING APPLICATION PARTS					
-Summary of the Invention	ACCOMINATING AT ELOATION LAND					
-Brief Description of the Drawings	7. X Assignment Papers (cover sheet & document(s))					
<ul> <li>-Detailed Description of the Preferred Embodiment</li> <li>-Claims</li> </ul>	8. 37 C.F.R § 3 73(b) Statement (when there is an assignee)  X Power of Attorney					
-Abstract of the Disclosure	9. English Translation Document (if applicable)					
3. X Drawing(s) (35 U.S.C 113) [Total Sheets 6]	10. X Information Disclosure X Copies of IDS Statement (IDS)/PTO-1449 Citations					
4. Oath or Declaration [Total Sheets 3]	11 Preliminary Amendment					
a X Newly executed (original or copy)	Return Receipt Postcard (MPEP 503) (should be specifically itemized)					
b Copy from a prior application (37 C.F R. § 1.63 (d)) (for continuation/divisional with Box 16 completed	*Small Entity Statement(s) (PTO/SB/09-12)  Statement filed in prior application, Status still proper and desired					
I. DELETION OF INVENTOR(S) Signed statement attached deleting	14 X Certified Copy of Priority Document(s) (if foreign priority is claimed)					
inventor(s) named in the prior application, see 37 C.F R. §§ 1 63(d)(2) and 1.33(b)	15 Other					
NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C F R § 1 27), EXCEPT						
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C F R § 1 28)						
16. If a CONTINUING APPLICATION, check appropriate box, and sup	ply the requisite information below and in a preliminary amendment					
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)	of prior application No					
Prior application information. Examiner	Group/Art Unit					
	re of the prior application, from which an oath or declaration is supplied continuation or divisional application and is hereby incorporated by reference. nadvertently omitted from the submitted application parts.					
17. CORRESPONI	DENCE ADDRESS					
Customer Number or Bar Code Label : (Insert Customer Additional Code)	or  Correspondence address below					
	<b>\\\</b>					
Name 234(	<u> </u>					
Address PATENT_TRADEM	ANK OFFICE					
City State Country Telephone	Zip Code (202) 416-1638 Fax (202) 416-1639					
Total Total	(202) 416-1638 Fax (202) 416-1639					
Name (Print/type) DAVID G. POSZ	Registration No (Attorney/Agent) 37,701					

Name (Print/type)	DAVID G. POSZ	ent)	37,701	
Signature	Table 13		Date	APRIL 4, 200

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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## FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

(\$) 750

TOTAL AMOUNT OF PAYMENT

Complete if Known				
Application Number				
Filing Date	April 4, 2001			
First Named Inventor	KUNDA			
Examiner Name				
Group/Art Unit				
Attomey Docket No.	15-7			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge indicated				FEES		
fees and credit any overpayments to	Large E	Entity Fee	Small E	ntity Fee	Fee Description	Fee Paid
Deposit Account 50-1147		(\$)	Code	(\$)		
Number 30-1147	105	130	205	65	Surcharge – late filing fee or oath	
	127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	\
Deposit Account Name  LAW OFFICE OF DAVID G. POSZ Name	139	130	139	130	Non-English specification	
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17		2,520	147	2,520	For filing a request for reexamination	
2. X Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Money Other		1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	115	110	215	55	Extension for reply within first month	
1. BASIC FILING FEE		390	216	195	Extension for reply within second month	
Large Entity Small Entity	117	890	217	445	Extension for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,390	218	695	Extension for reply within fourth month	
101 710 201 355 Utility filing fee <b>710</b>	128	1,890	228	945	Extension for reply within fifth month	
106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal	
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in support of an appeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	
		110	240	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 710	141	1,240	241	620	Petition to revive – unintentional	
2. EXTRA CLAIM FEES Fee from	142	1,240	242	620	Utility issue fee (or reissue)	
Extra Claims Below Fee Paid	143	440	243	220	Design issue fee	
Total Claims 8 -20**= 0 X 18 = 0	144	600	244	300	Plant issue fee	
Independent $2 - 3^{**} = 0 \times 80 = 0$	122	130	122	130	Petitions to the Commissioner	
Multiple Dependent	123	50	123	50	Petitions related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submission of information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)	40
103 18 203 9 Claims in excess of 20	146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
102 80 202 40 Independent claims in excess of 3	149	710	249	355	For each additional invention to be examined (37 CFR § 1 129(b))	
104 270 204 135 Multiple dependent claim, if not paid		/				
109 80 209 40 **Reissue Independent claims over original patent		ee (spec	л(y) <u> </u>			
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other fo	ee (spec	ofy) _			
SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40						

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	DAVID G. POSZ	Registration No (Attorney/Agent) 37,701	Telephone	(202) 416-1638	
Signature	い、あると		Date	April 4,2001	

LAW OFFICE OF

## DAVID G. POSZ

2000 L STREET, N. W., SUITE 200 WASHINGTON, D. C. 20036

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
KERRY S. CULPEPPER\*

April 4, 2001



(202) 416-1638 FAX (202) 416-1639 POSZLAW.COM

Hon. Commissioner of Patents and Trademarks Washington, D.C. 20231

Sir:

## **OIPE HAND DELIVERY CERTIFICATE**

Applicant: KUNDA

For: SEMICONDUCTOR DYNAMIC SENSOR AND

METHOD OF MANUFACTURING THE SAME

**Docket:** 15-7

Attorney: David G. Posz

Date of Deposit: April 4, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- check for \$750 for filing fee and assignment recordation;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 19 page specification including 8 numbered claims;
- · 6 sheets of formal drawings;
- executed declaration and power of attorney;
- · assignment and recordation cover sheet;
- IDS with PTO-1449 form and copies of 3 listed references; and
- 1 certified copy of 1 priority document (JP 2000-191535).

David G. Posz Reg. No. 37,701

Attorney for Applicant